# State of New Jersey

## Department of Banking
## and
## Insurance

## Dental Plan Organization (DPO)
## Supplement
## to the Annual Report of

_____

**(Name of DPO)**

_____

**Address**

For the Year Ended

December 31, 2003

Submitted By:

_____

(Printed Name & Title of Responsible Financial Officer Completing Report)

_____

(Original Signature of Officer) (Date)

_____

(Telephone Number) (Fax Number) (Email Address)

# State of New Jersey
# Department of Banking and Insurance
# DPO Annual Supplement

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## GENERAL INFORMATION AND INSTRUCTIONS
## For Filing Dental Plan Organization (DPO) Supplement to the Annual Report

## GENERAL

1. Date of Filing: The report is required to be filed on or before March 1st for the preceding calendar year, unless otherwise required.

2. The reporting date and the name of the company must be plainly written or stamped at the top of all pages and exhibits (and duplicate exhibits) and also upon all inserted exhibits and loose sheets.

3. Printed statements or copies produced by some duplicating process, in lieu of handwritten or typewritten statements on the actual blanks furnished on our website (www.state.nj.us/dobi/managed.htm) by this Department will be accepted if such statements and supporting exhibits contain all the required information, with the same headings and footnotes, and are of the same size (8 ½" X 11") and arrangement, page for page, column for column, and line for line, as in the blanks available on this Department's website, unless the company is otherwise instructed.

4. Unanswered questions and blank lines or exhibits are not acceptable. If no answers or entries are to be made, write "None", not applicable (N/A), or "-0-" in the space provided.

5. Any item which cannot be readily classified under one of the printed items should be entered on a blank line and adequately described.

6. If additional supporting statements or exhibits are added in connection with answering interrogatories or providing other information, the additions should be properly keyed to the item being answered. (Example – "Interrogatories, #7).

7. The cover page must be manually signed by the appropriate corporate officer.

8. If this report does not contain the required information in the blanks or is not prepared in accordance with these instructions, it will not be accepted and late fees may be assessed.

9. This Annual Supplement relates to the Dental Plan Organization (DPO) only and private practice dentistry or other non-dental plan activities should not be included herein.

## GENERAL INTERROGATORIES

Information requested in many questions is required by Statute and serves to update our records in various areas. Remember to key in any information as instructed above where an attachment is required to answer a question.

## INSTRUCTIONS FOR SUPPORTING EXHIBITS

Exhibit 3A & 3B: Include written and oral complaints. Oral complaints should be recorded for file. Reason/Cause should be categorized in broad terms.

Exhibit 4: Each individual malpractice claim should be reported in this exhibit.

## Name of DPO _____

## For the Calendar Year Ended December 31, 2003

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### GENERAL INTERROGATORIES

1. Is the DPO directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individual?

   ANSWER: _____ If "Yes", provide particulars

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2. Are all dentists currently employed by or under contract with the DPO licensed to practice dentistry in their state of residence?

   ANSWER: _____ If "No", provide particulars: _____

3. Has any change been made since the last reporting date in the:

   A. charter, articles of incorporation, or bylaws?

   ANSWER: _____ If "Yes", attach current copies of the documents if they have not been previously submitted to the Department.

   B. contracts with dentists or group or individual contract holders?

   ANSWER: _____ If "Yes", submit these forms to the Health Insurance Bureau on proper filing format for review, if not already submitted.

   C. current schedules of premiums.

   ANSWER: _____ If "Yes", submit current schedules to the Office of Life and Health Actuaries if not previously submitted.

   D. information submitted with the original application for the Certificate of Authority or the last approved modification or renewal?

   ANSWER: _____ If "Yes", please submit the changes, if not previously done.

4. Has any present or former officer, director or any other person or firm had any claim of any nature whatsoever against the DPO which is not included in the statement of liabilities?

   ANSWER: _____ If "Yes", provide details: _____

5. Are officers and employees of the DPO covered by a fidelity bond?

   ANSWER:_____ Provide a copy of the certificate of coverage.

6. Have damage claims for medical or dental injury been initiated against the DPO during the reporting year?

   ANSWER: _____

7. Have any other legal actions been taken against the DPO during the reporting year?

   ANSWER: _____ If "Yes", attach additional sheets providing full particulars.

8. Provide the following information on your general liability and malpractice insurance coverage, if any:

| | General Liability | | Malpractice | |
|---|---|---|---|---|
| Name of Carrier | | | | |
| Limits of Coverage | | | | |
| Deductible | | | | |
| Coinsurance | | | | |
| Maximum Benefit | | | | |
| Expiration Date | | | | |

**Name of DPO** _____

## For the Calendar Year Ended December 31, 2003

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**EXHIBIT 1**

### Restricted Deposit

| Deposit Required Per NJAC 11:10-1.8(a) | Market Value of Deposit at **12/31/03** |
|---|---|
| $50,000 | $_____ |

### General Surplus

General Surplus required per NJAC 11:10-1.8(a)3, (the greater of $100,000 or 1% of the current annual premium at **12/31/03**).

$ _____

General Surplus at year ended **12/31/03** $ _____

### Special Contingent Surplus (if applicable)

Special Contingent Surplus per NJS 17:48D-7
Full Time Equivalent Dentists (FTE) = _____

Contingent Surplus year ended **12/31/03** $ _____

**Name of DPO** _____

**For the Calendar Year Ended December 31, 2003**

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**EXHIBIT 2**

**2004 Budget**

(All costs in 000's)

| | 1ST QTR "04" Projection | 2ndQTR "04" Projection | 3rd QTR "04" Projection | 4th QTR "04" Projection |
|---|---|---|---|---|
| Premium | | | | |
| Other Income | | | | |
| Total Revenue | | | | |
| Primary Capitation | | | | |
| Specialist Pool Exp. | | | | |
| Total Medical Exp. | | | | |
| Medical Loss Ratio | | | | |
| Total Admin. Exp. | | | | |
| Admin. Exp. Ratio | | | | |
| Income/Loss | | | | |
| Taxes | | | | |
| Net Income/Loss | | | | |
| Membership# | | | | |
| Member Months## | | | | |
| General Surplus | | | | |
| Gen. Surp. Req. | | | | |
| Restricted Deposits | | | | |
| FTE Dentists (Prim) | | | | |
| FTE Dent. (Special) | | | | |

**# At end of Quarter (Include both Employees and Dependents)**

**## Summary of members for all three months in the quarter . Member months exposed equals the sum of the number of months that each enrollee was covered during the quarter (e.g., if 100 enrollees were covered for 3 months and 50 enrollees were covered for 2 months, the total member months exposed would be 400 (100X3+50X2)).**

**Name of DPO** _____

**For the Calendar Year Ended December 31, 2003**

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**EXHIBIT 3A** **Complaint Data (Internal Only)**

A. Outstanding Complaints

| Name | Group | Date | Reason |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
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B. Summary by Number

1. Complaints outstanding prior reporting year _____
2. Complaints made current reporting year _____
3. Complaints resolved current reporting year _____
4. Complaints outstanding current reporting year _____

C. Summary by Cause (top four reasons) of Complaints made during the year. Number

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____

Please furnish a description of the member complaint procedure.

**Name of DPO** _____

**For the Calendar Year Ended December 31, 2003**

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**EXHIBIT 3B** **Complaint Data (External Only)**

A. Outstanding Complaints

| Name | Group | Date | Reason |
|---|---|---|---|
| | | | |
| | | | |
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B. Summary by Number

1. Complaints outstanding prior reporting year _____
2. Complaints made current reporting year _____
3. Complaints resolved current reporting year _____
4. Complaints outstanding current reporting year _____

C. Summary by Cause (top four reasons) of Complaints made during the year. Number

1. _____ _____
3. _____ _____
3. _____ _____
4. _____ _____

Please furnish a description of the member complaint procedure.

**EXHIBIT 4**

**Malpractice Claims (those made during the year or still outstanding)**

| Dentist | Date Made | Amount | Disposition | Date Disposed |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Name of DPO** _____

## For the Calendar Year Ended December 31, 2003

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**EXHIBIT 5**

In reverse chronological order, specify the number of "full-time equivalent dentists" (FTE) as defined at NJAC 11:10-1.3 under contract with the DPO at the end of the year specified

| YEAR ENDED | FTE |
|---|---|
| 2003 | |
| 2002 | |
| 2001 | |

**EXHIBIT 6** On a separate sheet, list and describe any management and service contracts and all cost sharing arrangements, other than cost allocation arrangements based upon generally accepted accounting principles, involving the organization or any affiliated organization.

**EXHIBIT 7**

**Enrollment Data**

List the number of group and non-group contracts in force and the group and non-group enrollees at:

| Date | Group Contracts | Group Employees | Group Dependents | TOTAL Enrollees |
|---|---|---|---|---|
| 12/31/03 | | | | |
| 12/31/02 | | | | |

| Date | Non-Group Contracts | Non-Group Subscribers | Non-Group Dependents | TOTAL Enrollees |
|---|---|---|---|---|
| 12/31/03 | | | | |
| 12/31/02 | | | | |

**Name of DPO** _____

**For the Calendar Year Ended December 31, 2003**

_____

**Exhibit 8** **Specialist Pool**

| Plan | Pool Contribution | Pool Payments | Excess/Deficit |
|---|---|---|---|
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- **N.J.A.C. 11:10-1.4(c)**
- **Projected date of distribution (if applicable) _____/_____/_____**
- **Date and amount of last year's distribution (if applicable) _____/_____/_____ $_____**